September 2015

Montana Central Tumor Registry Newsletter

Montana Cancer Control Programs
Chronic Disease Prevention & Health Promotion Bureau

Thinking about Data Collection for 2016—already?

2015 Cases
Cases diagnosed 1/1/2015 and forward will require reporting of both Collaborative Stage and direct coding of AJCC-TNM and SEER Summary stages.

Here's what's in store for 2016
Beginning with cases diagnosed 1/1/2016 and forward, the NAACCR Volume II, Version 16 will be adopted. The majority of changes with this version are related to the transition from Collaborative Staging to the direct coding of AJCC-TNM and SEER Summary staging. Collaborative Stage will no longer be collected for use in deriving Summary Stage or AJCC-TNM stage for cases diagnosed in 2016. However, some Site Specific Factors will continue to be used for capturing key pieces of information.

Both directly assigned Summary Stage 2000 and AJCC-TNM Clinical and Pathologic Stage will be required from all reporting facilities for cases diagnosed in 2016. There will also be a few new data items added to the list of reportable fields:

- Tumor Size Summary (item #756)
- Mets at DX-Bone (item #1112)
- Mets at DX-Brain (item #1113)
- Mets at DX-Distant LN (item #1114)
- Mets at DX-Liver (item #1115)
- Mets at DX-Lung (item #1116)
- Mets at DX-Other (item #1117)
- NPCR Derived Clin Stg Grp (item #3650)
- NPCR Derived Path Stg Grp (item #3655)

Details of all changes will be in future newsletters. Just an FYI: CoC requirements may be different than what the MCTR requires.

NCRA and AJCC have both produced training materials for assigning stage. NCRA has produced the *Cancer Case Studies: A Workbook to Practice Assigning AJCC TNM Stage and Coding SEER Summary Stage* and is available at www.ncra-usa.org/casestudies. AJCC has produced the *AJCC Curriculum for Registrars* modules 1-4 which is available at https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx.

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Recording Text Fields

A well-coded abstract contains sufficient text to verify all numerically coded items. In fact, an abstractor should be able to recode the entire record using ONLY the text submitted.

Just like a good newspaper reporter, tell WHO, WHAT, WHEN, WHERE, WHY, and HOW. Record text that describes *who* the patient is, *why* the patient was first seen, *what* type of cancer was diagnosed, and *when, where, and how* it was treated or *why* it was not treated.

Include text that verifies the numeric codes. Text fields should tell the story of the patient's diagnosis and treatment for a cancer. They should describe the patient (demographics, occupation, industry, any previous cancers), how the diagnosis was made (physical exam, lab work, imaging, biopsy), what type of cancer was found (histology, behavior), how far the tumor had spread (stage at diagnosis), and how the cancer was treated (surgery, chemotherapy, radiation therapy, etc.).

Be clear and concise. Simple, concise statements can verify many fields. For example, the sentence below verifies the patient's race, sex, ethnicity, age, primary site, laterality, and the case sequence.

> 72 YO NON-HISPANIC WHITE MALE, W/ PREVIOUS HX OF PROSTATE CANCER DX'D AND TX'D IN 2005, PRESENTED 7/10/14 FOR EXAM OF ENLARGING 6MM ROUND DARK LESION ON LT FOREARM.

It is not necessary to repeat the same information in multiple fields.

Text fields are limited, so prioritize and record the most important information first.

If large volumes of text are copied and pasted from electronic documents such as pathology reports or imaging reports, be sure to edit the text to include only pertinent information.

Include complete dates (mm/dd/yy). For example, record the dates of x-rays, biopsies, and surgeries and the dates treatment started with chemotherapy, radiation therapy, hormone therapy, etc.

Include the name of the facility that performed the procedure, imaging, scope, etc.

If you have coded an estimated date, be sure to record in the text that the date is an estimate.

Use of standard abbreviations is OK, but avoid potentially confusing abbreviations. For example, "HX OF SCC" could read as "history of squamous cell carcinoma" or history of small cell carcinoma". A list of recommended abbreviations can be found on our webpage.

Record supplemental information that cannot be coded numerically but that may be useful. For example, you may want to document:

* The patient was referred to another physician or facility for additional treatment but you do not know what therapy was given.
* A patient moved to live with family and will receive additional treatment in another city or state.
* A patient delayed planned treatment for several months to care for an ill spouse.

Examples for recording text on page 4.

Who Read the Last MCTR Newsletter?

In the June 2015 MCTR Newsletter, page 4 had a notice to e-mail Debbi Lemons if you read the newsletter. Only four responded! We are hoping that more of you read the newsletter but didn't take the time to notify Debbi!

Those who notified Debbi that they read the newsletter were:

Carol Paulsen
Cindy McLendon
Joyce Bateman
Marcia Tostengard

The 4 registrars that notified Debbi that they read the newsletter received a $10 Visa gift card which subsequently had expired before we mailed it so we will be sending them a replacement soon! Our apologies...

Certificate of Excellence Recipients

The following facilities received a certificate for the 2015 Second Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Facility	City
Physicians:	
Yellowstone Dermatology	Billings
Advanced Dermatology of Butte	Butte
Dermatology Assoc of Great Falls	Great Falls
Helena Dermatology	Helena
Associated Dermatology	Helena
CPG Dermatology	Missoula
Hospitals:	
Billings Clinic	Billings
St. Vincent Healthcare	Billings
St. James Hospital	Butte
Liberty Medical Center	Chester
Teton Medical Center	Choteau
Rosebud healthcare Center	Forsyth
Benefis-Sletten Cancer Center	Great Falls
St. Peter's Hospital	Helena
Kalispell Regional Medical Center	Kalispell
Central Montana Hospital	Lewistown
Providence St. Patrick Hospital	Missoula
Ruby Valley Hospital	Sheridan
Pathology:	
Yellowstone Path Institute	Billings
Northern Plains Pathology	Great Falls
St. Patrick Hospital Pathology	Missoula
Western Montana Clinic	Missoula

Examples for Recording Text Fields

TEXT—PRIMARY SITE TITLE SKIN, RT ARM	• Record the organ or site where the primary tumor grew (skin). • For paired sites, include laterality (right). • Be specific (arm).
TEXT—HISTOLOGY TITLE SUPERFICIAL SPREADING MELANOMA	• Record the final diagnosis from the pathology report. • Be sure to include specific type of melanoma.
TEXT—DX PROC-PE 49 YOWF W/ 1.5CM DARK BROWN MACULE ABOVE LT EYEBROW. SHE PRESENTED HERE FOR SHAVE BX WHICH REVEALED MELANOMA	• Include information on patient's age, sex, race. • Record if demographic information is unknown (race unknown). • Summarize symptoms and physical exam findings (lesion location, size, etc).
TEXT—DX PROC-LAB TESTS 8/10/13 LDH: 351 (NORMAL 46-100 IU/L) 8/20/13 LDH: 357 (NORMAL 46-100 IU/L)	• Summarize laboratory findings. • Include date(s). • Include normal values or interpretation of results. • Record if test not done or done but results unknown.
TEXT—DX PROC—PATH 1/12/14 SHAVE BX SKIN LT THIGH: 3 CM MALIGNANT MELANOMA, NODULAR TYPE, BRESLOW DEPTH 11.80MM, CLARK LEVEL 4, EXTENSIVE ULCERATION, MITOTIC INDEX 10/MM2, POSITIVE DEEP MARGIN, 0/2 SLN POS. 1/25/14 WIDE EXC: NO RESIDUAL MELANOMA	• Record findings from final diagnosis and/or synopsis on pathology report(s). • Don't forget to include subtype of melanoma. • Include information used for staging (Breslow's depth, Clark's level, mitotic index, ulceration, and margins). • Include dates of procedures.
RX TEXT—SURGERY 6/15/14 SHAVE BX SKIN MID BACK. 7/20/14 WIDE EXCISION W/ 1.5CM MARGIN, MID BACK WITH SLN BX	• Describe surgical procedures; include enough information to justify surgery code used. • Be specific. Was the biopsy incisional or excisional, shave or punch? • Record date and facility where procedure(s) performed.
TEXT—STAGING BRESLOW DEPTH 0.92MM, CLARKS LEVEL III, ULCERATION PRESENT, MITOTIC RATE 4/ MM2. PT1B, PN0, CM0, STAGE GROUP 1B	• Record observations or findings that support staging codes selected. • If available, include physician assigned TNM stage.
TEXT—REMARKS PT DELCINED REFERRAL TO ONCOLOGIST	• Record information that cannot be numerically coded, but may be useful (patient declined therapy or moved out of state). • Include information on other treatment modalities (chemotherapy, radiation, immunotherapy).